

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 625

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2834 Monroe (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1941 hour 8 m minute 35 A.M.

21. I hereby certify that I attended the deceased from 2-14-41 1941 to 2-15-41 1941;
that I last saw her alive on 2-15-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary embolism

Due to Varicose veins & arteriosclerosis

Due to thrombi

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? (City or town) (County) (State) _____
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Dwight R. Shaw (M.D. or other) _____
Address Med. Dir. K. C. Gen. Hospital Date signed 2-15-41

3. (a) PRINT FULL NAME LILLIAN BREGMAN

3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex fe 5. Color or race n 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Jacob Bregman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years aprox 45 Months X Days X If less than one day .hr. _____ min. _____

9. Birthplace mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Jacob Bregman

(b) Address 2834 Monroe

17. (a) Burial (b) Date thereof 2-16-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schlefield Cem

18. (a) Signature of funeral director H. J. Prigman

(b) Address 2834 Monroe

19. (a) 2/16/41 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Francis Walter....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed.....

J. A. Leggett
Licensed Embalmer No. *2744*

P. O. Address *7900, New*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.